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OI CONSOLIDATED INTERROGATION REPORT (CIR) No 2

HITLER AS SEEN BY HIS DOCTORS

Sources	Position
"G" : GIESING, Dr Erwin	"G" : Oberstabsarzt
"vH" : von HASSENBACH, Dr Hanskarl	"vH" : Oberfeldarzt
"B" : BRANDT, Dr Karl	"B" : Reichskommissar fuer Sanitaets- und Gesundheits- wesen

Table of Contents

	Page
1. <u>REFERENCES</u>	1
2. <u>REASON FOR REPORT</u>	1
3. <u>REPORT: "HITLER AS SEEN BY HIS DOCTORS"</u>	
a. Introduction: Sources	1
b. Hitler's State of Health and Medical Characteristics	
(1) GENERAL	2
(2) MEDICAL HISTORY	3
(3) SCARS	3
(4) SKIN	4
(5) FACE	4
(6) HEAD	5
(7) NECK	7
(8) CHEST	7
(9) LUNGS	8
(10) HEART	8
(11) ABDOMEN	8
(12) LYMPHATIC GLANDS	9
(13) BACK	9
(14) RECTAL AND GENITAL REGIONS	9
(15) EXTREMITIES	9
(16) NEUROLOGICAL STUDY	9
(17) PSYCHIATRIC DATA	18
(18) UROLOGICAL DATA	18
(19) SEX CHARACTERISTICS	18
(20) X-RAYS	18
4. <u>COMMENTS AND RECOMMENDATIONS</u>	19
Annex	
ANNEX I: Chronological Account of the Careers of Sources	20

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1. REFERENCES

- a. CCPWE # 32 (ASHCAN) Report DI-17, dated 30 Jun 45 (Source: BRANDT)
b. CCPWE # 32 (ASHCAN) Report DI-21, dated 2 Jul 45 (Source: BRANDT)
c. CCPWE # 32 (ASHCAN) Report DI-30, dated 12 Jul 45 (Source: BRANDT)

No previous reports on GIESING or von HASSELBACH are on file at this Center.

2. REASON FOR REPORT

This report is the first of a series dealing with Hitler. It is based on information obtained from doctors who examined and treated him during the past year. The information is being published in order to provide:

- a. medical data useful for the identification of Hitler or his remains.
b. further material for the debunking of numerous "Hitler Myths".
c. the knowledge needed to expose those frauds who in later years may claim to be Hitler, or who may claim to have seen or talked to him.
d. research material for the historian, the doctor and the scientist interested in Hitler.

No attempt has been made to interpret the findings of the physicians. They were questioned separately. Some of the information was produced from memory.

Throughout the report

"G" is used to designate the findings of Dr GIESING.
"vH" is used to designate the findings of Dr von HASSELBACH.
"B" is used to designate the findings of Dr BRANDT.

3. REPORT: "HITLER AS SEEN BY HIS DOCTORS"

19433

a. Introduction: Sources

(NOTE: For details of Sources' careers, see ANNEX I).

(1) Source "G"

Name : GIESING, Dr Erwin
Position : Oberstabsarzt in charge of the eye, ear, nose and throat section of Reserve Lazarett II, LOETZEN/East Prussia; this hospital was later transferred to AMBERG/Bavaria.
Interned : 23 Apr 45 at AMBERG/Bavaria
Interrogated : 30 Aug 45

Dr GIESING was called in by Dr von HASSELBACH, one of Hitler's regular physicians, to treat the Fuehrer and others injured 20 Jul 44 in the attempted revolution. Detainee was consulted because he was the only EENT specialist in the vicinity.

Prof von EICKEN, chief of the EENT clinic at the 'Charite' Hospital in BERLIN and the surgeon who performed two operations on Hitler (1934 and 1944) thinks highly of GIESING's ability. And detainee appears to have examined Hitler more thoroughly than his personal physicians. Source is not only a specialist in EENT, but has experience in other medical fields. His opinions are regarded as reliable, and his examination of HITLER appears to have been an exhaustive one.

(2) Source "vH"

Name : von HASSELBACH, Dr Hanskarl
Position : Oberfeldsarzt, Chief Surgeon of Army Field Hospital 2/562.
Interned : 13 Apr 45 at ALBRECHTSHAUS (Harz)
Interrogated : 10 Sep 45

Dr von HASSELBACH was one of Hitler's accompanying surgeons from 1934 to 9 Oct 44. He was the doctor who first treated him after the 20 Jul attack. Doctors GIESING and BRANDT state that von HASSELBACH is a very critical doctor -- probably one of the few people associated with Hitler who did not fall under his spell. Von HASSELBACH appears to be reliable.

(3) Source "B"

Name : BRANDT, Dr Karl
Position : Reichskommissar fuer Sanitaets- und Gesundheitswesen
(Reich Commissioner for Health and Medical Service)
Interned : 23 May 45 at FLENSBURG
Interrogated : 30 Aug 45

Dr BRANDT is a 41-year old surgeon, rather young for the positions he held. He accompanied Hitler to VENICE in 1934 and has been on the personal medical staff ever since that time. He was relieved in Oct 44. Detainee appears to be reliable.

b. Hitler's State of Health and Medical Characteristics(1) GENERAL

"G" ... Hitler gave the impression of being about 56 years of age in 1944. His nutritional state of health was good. Weight was about 72 to 74 kg, height 175 to 177 cm. Temperature, pulse and respiration were normal on several occasions.

"vH" ... Up to 1940 Hitler appeared to be much younger than he actually was. After that date, however, he aged quite rapidly. From 1940 to 1943 he actually looked his age, while after that time he gave the appearance of having grown old. His hair turned quite grey during the last months. Hitler's body began to stoop (kyphosis of dorsal spine), which may have been due in part to lack of exercise. Patient did not like to walk even short distances. A tremor of head and hands was quite noticeable, particularly when subject brought a cup to the mouth or signed documents. Toward the end, his features still appeared to be smooth and relatively juvenile. Nutritional state of health appeared to be good up to 1944, but declined afterward. Hitler was aware of his predisposition toward adiposity and limited his food intake. His appetite was good. Cannot recall information regarding height, weight or TPR.

"B" ... Hitler appeared to be about 55 years of age in 1944. Nutritional state of health was good. Weight was about 80 kg, height 175 or 176 cm. TPR not taken. "B" states that Hitler was definitely a psychopathic personality.

/(2)

(2) MEDICAL HISTORY

- "G" ... Patient suffered from intestinal cramps over a long period, particularly after 1933. These may have been of hysterical origin, or may have arisen from an overdose of drugs. Hitler exhibited a pulmonary apical pathology in childhood, which disappeared in later years. Subject was operated on twice, in 1935 and Nov 44—both times for a laryngeal polyp on the anterior third of the left vocal cord. Both operations were performed by Dr von EICKEN of the 'Charite' Hospital in BERLIN. Hitler showed signs of jaundice (Aug-Sep 44): bronzing of face and icteric discoloration of sclera. This probably was due to a strychnin intoxication brought about by two years' use of Dr KOESTER's Anti-Gas Pills (Extr Nux Vom; Extr Bellad AA 0.5; Extr Gent 1.0). In Sep-Oct 44, Dr von EICKEN also carried out a maxillary sinusitis draining and washing.
- "vH" ... Hitler complained of meteorism—especially after eating black bread and cabbage—and an abnormal feeling in the epi-hypogastric region. These symptoms probably were due to a neurosis, since occasional errors in diet (such as the intake of lentils and peas) brought only the normal amount of complaining. Furthermore, the prescription of unsuitable and useless drugs for these complaints brought about improvement.
- "B" ... Epigastric cramps and vomiting were noted during 1944-45. These probably were the result of constant strychnin and atropin medication and not of hysteric origin.

(3) SCARS

- "G" ... A double-bean sized, non-irritating contracted linear scar was seen on the left leg. It was located on the lateral aspect of the middle third of the left thigh. It was probably caused by shrapnel during the first world war. Shrapnel fragments may possibly be found in the soft tissue of that region.

A scar was located on the right knee, at the level of the jointspace, close to the inferior medial margin of the patella; longitudinal axis latero-caudad to medio-cephalad. The length of scar was about 1 cm, width 2 mm. It resulted from injuries on 20 Jul 44.

A thin, superficial skin scar, of rice-corn size, was located in the extensor region of right hand, middle of third metacarpus.

Immunization scars were not definitely recognized.

- "vH" ... No knowledge of scars prior to 20 Jul 44. The injuries of that date consisted of tearing of the skin on lower third of both thighs, hematomas on the right elbow and on the dorsum of the left hand. There were also minimal injuries to fingers. These were superficial skin wounds, which would probably leave minimal scars. After the 20 Jul 'Putsch' a bean-sized thickening of the extensor tendon of the third finger of the left hand, close to the metacarpo-phalangeal joint was noted. The tumor moved when the affected finger was exercised, indicating probable injury to the tendon.

/On other than these places ...

SCARS (contd)

- "vH" ... (contd) On other than these places no rubor was noted. Hematomas were gradually absorbed, with tenderness continuing no longer than normal. Dr MORELL applied a bandage soaked in acid aluminum acetate on the elbow. This resulted in dermatitis with pruritus which lasted about two weeks.
- "B" ... Hematoma was present on the extensor region of the right forearm close to the elbow joint. This resulted from the 20 Jul explosion.

(4) SKIN

- "G" ... Color of face and body was white and pale. Texture of skin was fine. Skin tone of face was slightly decreased. A temporary eczema was noted in Jul 44 on both lower extremities (shins). Sensitivity of skin was normal. Dermography on skin of chest, back and forearms showed an abnormal response, apparently from vessel lability. This, according to Source, was probably due to continued medication (strychnin-atropin pills prescribed by Dr MORELL).
- "vH" ... Skin of face was rosy-white and of a healthy color. The rest of the body was pale-white. (Hitler did not like to expose himself to the sun). Turgor and tonus of face was good. Hitler was disposed to acquire pustules and small furuncles in the posterior aspect of the neck. However, they never required incisions or patches. Petechiae or cicatrices were not otherwise observed. Sensitivity of skin was normal so far as observed. After the 20 Jul attack, Hitler remarked that for some time past he had noticed a disturbance in sensation of left leg. Normal sensation returned to that leg after the attack.
- "B" ... Skin was pale and white, sensitive to sunlight and of very fine texture. Hair growth and distribution was moderate. Skin showed no evidence of petechiae. Psoriasis was not present on extensor surfaces of leg.

(5) FACE

- "G" ... Hitler's face showed distinct naso-labial folds. No asymmetry was noted. Turgor of soft tissue over both maxillary sinuses was decreased. Both zygomas were not unduly prominent. Facial expression at the time of examination (Jul 44): fatigued, exhausted, with appearance of senility.
- "vH" ... Facial expression was impressive, vivacious, but changeable. His large, coarse nose disturbed the fine facial features, but his fascinating eyes compensated. Pictures are unable to reproduce the suggestive power of his face. It was not conspicuously asymmetrical.
- "B" ... There was a slight asymmetry of the eyes (left slightly lower than right). A minimal degree of hypertelorism was noted. Naso-labial folds were distinct. Some tenderness was noted in the region of the maxillary sinuses.

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(6) HEADa. General

- "G" ... Temporal vessels were not prominent. The mastoid cells were of normal translucency according to X-ray diagnosis.
- "vH" ... Temporal vessels were no more prominent than age would indicate. Forehead was high and skull shape not abnormal.
- "B" ... Temporal vessels not prominent.

b. Scalp

- "G" ... Hair was darkbrown, almost black; grey in region of temples. Hair was beginning to thin.
- "vH" ... Hair was thick and showed no sign of thinning.
- "B" ... Hair was darkbrown, slightly grey on temples and less on scalp and mustache. It was parted on the right.

c. Eyes

- "G" A slight suggestion of exophthalmus and a slight ocular hypertelorium were observed. Ophthalmic tension not measured. Movements of lids were normal and showed no lag. Pupils were normal in size, regular. They showed normal consensual reaction to light. Turbidity of corpus vitreum was noted by an eye doctor in 1936. Turbidity became worse and Hitler complained about it in 1944. Some hyperopia of right eye developed. Conjunctiva, sclera, cornea showed no evidence of pathology. The color of eyes was blue, but with a slight shading of grey. Fundusoscopic examination was not made.
- "vH" ... Exophthalmus slight. Ocular movements were normal and coordinated. GRAEFKE, MOEBIUS and STELLWAG signs were negative. Nystagmus appeared absent. Lids showed no evidence of pathology. Pupils were not examined. There were, however, no signs of miosis, mydriasis or irregularity. Conjunctiva was normal. Cornea was transparent and no vascularization was noted. No examination of anterior chamber, lens or tactile tension was made. Diplopia, nystagmus and lag were absent.
- "B" ... Eyes blue in color with a fine shading of grey. Eyes were hyperoptic. Exophthalmus of a slight degree was evident. Tension, movements, lids, pupils, conjunctiva, cornea, sclera and fundi were not examined. Arcus superciliaris was slightly prominent. No pathology of orbit was noted.

NOTE: Hitler's Eye Doctor was Dr LOEHLEIN
(see para 4, "Comments and Recommendations").

/d.

HEAD (contd)d. Ears

- "G" ... Neither ear showed any deformity, abnormality or other pathology of the pinna, helix, fossa of helix, anthelix, fossa of anthelix, concha, tragus, antitragus or lobuls. No evidence of pathology in either external auditory canal was present. Membranae tympani: a 2-mm long superficial scar was present in the left ear below and parallel to the manubrium of malleolus; a pea-sized scar was present in the right ear—posterior superior quadrant.
- "vH" ... No pathology of external ear was noted. Hearing was good until 20 Jul 44, after which it was impaired.
- "B" ... Ears had somewhat large helices.

e. Nose

- "G" ... The nose was straight, somewhat fleshy, with a slight protuberance in the middle of the dorsum. Mucosa was dry on both sides. Slight hypertrophy of right inferior nasal concha was noted. The right middle nasal concha appeared normal. The left inferior nasal concha showed no evidence of pathology, but hypertrophy and beginning polypoid degeneration were found in left middle nasal concha. The cartilaginous septum, at the inferior margin, showed a deviation to the left, and a prominent cartilaginous-osseous ridge was observed on the nasal floor. The superior margin of cartilaginous septum showed a deviation to the right. Nares appeared slightly large. Patency of nasal passages and choanes were observed.
- "vH" ... No examination.
- "B" ... Distal portion of nose broad and fleshy. Nares large.

f. Mouth

- "G" ... No abnormality of pathology of upper or lower lips was observed.

The upper, lower right and left second and third molars were missing. The upper right lateral incisor, the lower left lateral incisor had a porcelain jacket. The upper right second bicuspid, the upper left first molar and the lower left first bicuspid had gold crowns. The lower right cuspid and lower right first molar were replaced by a fixed bridge.

Gingiva were slightly retracted and necks of left and right upper cuspids and first bicuspid were somewhat exposed. No evidence of paradentosis or caries was noted. (NOTE: This entire denture scheme was written down from memory).

The tongue appeared to be small. No fissures, fibrillation, deviation, atrophy or other pathology was noted.

The right and left tonsils showed adhesions to the glossopalatine arches. No adhesions to the pharyngopalatine arches were observed. The left tonsil was of walnut size, the right one-third larger. A scar 1 cm by 3 mm was seen in the middle of right glossopalatine arch and parallel to it. The scar apparently is the result of an old acute tonsillitis.

/No feter ex oro

Mouth (contd)

"G" ... No feter ex oro was present.
(contd)

Uvula showed no deviation, atrophy or any other pathology.
It was of medium size.

"vH" ... No examination.

"B" ... Upper and lower lips were small. Mucosa, gingiva and tongue showed no evidence of pathology. Tongue very often was furred. Tonsils showed evidence of past pathology.

(7) NECK

"G" ... The neck showed normal mobility. No torticollis, enlarged lymph nodes or pulsation was observed. No enlargement or symptoms referring to the thyroid were observed.

The mucosa of the larynx showed a slight hyperemia. No evidence of pathology in the region of the superior thyro-arytenoid ligaments (false vocal cords) was present. The inferior thyro-arytenoid ligaments (true vocal cords) were of medium size, smooth. A bilateral vocal cord muscle paresis (interni paresis) was observed. The naso-, oro-, and laryngo-pharynx showed the presence of slight granulation of mucosa.

"vH" ... Thyroid, while not examined, did not appear to be enlarged, and no symptoms of thrototoxicosis were present.

The larynx was not examined. However, frequent clearing of throat indicated that a mild pharyngitis, laryngitis or pharyngo-laryngitis was present.

"B" ... Neck was normally mobile; pulsation was absent. The thyroid was normal. Folliculitis scars were noted in the midline of the posterior aspect of the neck at the level of the third cervical vertebra. Larynx, pharynx and vocal cords were not examined.

(8) CHEST

"G" ... No evidence of abnormality or pathology were noted in supraclavicular, sternal, clavicular, mammary, inframammary, scapular, interscapular, infrascapular, axillary and infra-axillary regions. The thorax appeared sthenic, was symmetrical but slightly caved anteriorly. Anterior, posterior lateral diameters and circumferences were not measured.

"vH" ... No examination.

"B" ... Breast and nipples were normal, thorax sthenic. Retraction and pulsation not noted.

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(9) LUNGS

"G" ... The lung borders appeared normal and were well retractable. Breath and voice sounds were normal. No evidence of rales was present.

"vH" ... No examination.

"B" ... No examination.

(10) HEART

"G" ... Blood pressure at rest taken by Dr MORELL (25 Aug 44) showed systolic pressure of 143 mm Hg, diastolic pressure of 87 mm Hg. The systolic pressure rose to 175 mm Hg when patient was mentally excited. The apex of the heart was located by percussion and was found to be in the fifth intercostal space, on the midclavicular line. Heart outline was normal. No murmurs and thrills were found. Slight respiratory arrhythmia was present. No efficiency test was made.

"vH" ... Hitler complained of having a weak heart. He had avoided all forms of exercise since 1938. He avoided going to the 'Kehlstein' house (1,800 meters above sea level) because he felt a tightening of his chest there. However, his capacity for work did not diminish. Source concluded that these symptoms, like the epigastric pains and cramps, were of hysterical origin. However, no tests were made.

"B" ... No examination.

(11) ABDOMEN

"G" ... Contour was normal. There was no evidence of hypertrichosis. No scars were observed. Rectus abdominis reflex was normal. There was no palpable liver or spleen enlargement. No pain over Mac Burney's point. Cremaster reflex normal. No inguinal or femoral hernias.

"vH" ... No examination.

"B" ... Contour was normal. No scars were observed. Examination revealed no rigidity or tenderness. Intestinal activity was abnormal. No masses or tumors were palpated. Musculus rectus abdominis and cremaster reflexes were not tested. Inguinal or femoral hernias were not present.

/(12)

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(12) LYMPHATIC GLANDS

"G" ... Small lymph nodes were palpated in the inguinal regions, but no tenderness was detected. In the region of the angle of the left mandible, a double-bean sized lymphatic gland was noticed and palpated with no evidence of tenderness.

"vH" ... No examination.

"B" ... No examination.

(13) BACK

"G" ... A slight kyphoscoliosis of thoracic spine was present.

"vH" ... Acquired kyphosis of the dorsal spine was present.

"B" ... Slight occupation kyphosis. Mobility of spine normal. No tenderness over spine, kidneys or pelvis noticed.

(14) RECTAL AND GENITAL REGIONS

No examinations were performed by any of the three physicians.

(15) EXTREMITIES

"G" ... No evidence of varicosities was noted.

"vH" ... Slight varicosities on both legs. Hitler did not complain about them.

"B" ... No varicosities noted.

(16) NEUROLOGICAL STUDYa. CRANIAL NERVESI. (Nervus Olfactorius)

"G" ---Subjective: No complaints of impairment of smell or olfactory hallucinations.
---Objective: No test for response to oil of cloves was made.

"vH" ... No examination.

"B" ---Subjective: No impairment of smell or olfactory hallucinations were complained of.
---Objective: No examination.

/II. (Nervus Opticus) ...

NEUROLOGICAL STUDY: CRANIAL NERVES (contd)II. (Nervus Opticus)

"G" --Subjective: Hitler complained of impairment of vision. No evidence of visual hallucination was apparent.
--Objective: Acuity, color blindness and fundoscopic examination were not made.

"vH" ... No examination.

"B" --Subjective: Visual hallucination absent.
--Objective: Eye examination(s) made by Dr LOEHLEIN.

III, IV and VI. (Nervi oculomotorius, abducens, trochlearis)

"G" --Subjective: Absence of diplopia.
--Objective: Ocular movements were free and co-ordinated. No nystagmus was noted. The pupils showed no abnormality in size, regularity or reaction. Ptosis, diplopia, convergent and divergent strabismus were absent.

"vH" ... No disturbance in innervation of eye muscles noted; otherwise not examined.

"B" ... Diplopia absent. Response of pupils to light was normal. Nystagmus, convergent and divergent strabismus, ptosis absent.

V. (Nervus Trigeminus)

"G" --Subjective: Hitler did not complain of neuralgia, numbness, paresthesia.
--Objective: No evidence of sensory disturbance nor sensory pathology was present. Corneal and sneeze reflexes were not indicative of pathology. No deviation of jaw was noted. Mastication was normal.

"vH" ... No motor deviation of jaw noted. No complaints of neuralgia. Otherwise no examination.

"B" ... Neuralgia, numbness, paresthesia absent. Facial sensation was normal. Corneal and sneeze reflexes not tested. No deviation of jaw.

VII. (Nervus Facialis)

"G" --Subjective: Taste sensation of anterior two-thirds of tongue not tested. Facial spasm absent. Lacrimation, salivation normal. No facial distortion noted.
--Objective: No deformity in facial expression. Hitler could wrinkle forehead.

"vH" ... No evidence of paralysis, transient or permanent, noted. Otherwise no examination.

"B" ... Facial spasm or facial asymmetry absent. Lacrimation and salivation normal.

/VIII. (Nervus Auditorius) ...

NEUROLOGICAL STUDY: CRANIAL NERVES (contd)VIII. (Nervus Auditorius)

"G" --Nervus Cochlearis: Slight hearing impairment resulted from 20 Jul explosion. No complaints of ringing or crackling in ears. Ticking of watch was heard on both sides. Tuning fork perceived on both sides. Whispering was heard on both sides at 6 m distance.

--Rinne Test: (Tuning fork on mastoid, then to ear). Left ear normal. Right ear negative. The bone conduction surpassed the air conduction by 5 seconds with an A-1 tuning fork.

--Weber Test: (Tuning fork on skull with ear shut). Lateralization to the right.

--Vestibular: Ataxia, vertigo not present. Nystagmus, swaying absent. Barany test not made.

"vH" ... No examination.

"B" ... No examination.

IX. (Nervus Glosso-Pharyngeus)

"G" ... No evidence of dysphagia was present. Gag reflex was normal. Taste test on posterior one-third of tongue not made.

"vH" ... No examination.

"B" ... Dysphagia absent. Gag reflex or test for sensation of posterior one-third of tongue not made.

X. (Nervus Vagus)

"G" --Subjective: No disturbance or pathology was observed when swallowing or speaking. Projectile vomiting was not observed.

--Objective: There was no deviation of soft palate. The pulse was slowed on eyeball or carotid sinus pressure. Laryngeal paralysis was not present.

"vH" ... No examination.

"B" ... No disturbance in swallowing or projectile vomiting. No deviating of soft palate or laryngeal paralysis.

XI. (Nervus Accessorius)

"G" ... Patient was able to shrug shoulders (trapezius, sternocleidomastoideus).

"vH" ... No pathology noted.

"B" ... Hitler was able to shrug shoulders.

/XII. (Nervus Hypoglossus)

NEUROLOGICAL STUDY: CRANIAL NERVES (contd)XII. (Nervus Hypoglossus)

"G" ... No deviation of protruded tongue toward affected side was present. Atrophy, fibrillation of tongue was absent.

"vH" ... No examination.

"B" ... No deviation of protruded tongue toward affected side.
No atrophy or fibrillation of tongue.

b. CEREBRUM

"G" --Frontal: Concentration was excellent. Cerebration was normal. Euphoria, personality changes, incontinence were not observed.

--Motor Area: Convulsions, paresis, paralysis, aphasia were absent.

--Premotor Area: Forced grasping or clumsiness were not observed.

--Parietal: Sensation intact.

--Occipital: No visual hallucinations were present. Hitler was not examined for quadrantal field defects.

--Temporal: Auditory or visual hallucinations were not present. Dream states or sensory aphasia absent.

--Corpus striatum: Masked facies observed during an accidental meeting in the Reich Chancery on 13 Feb 45, a distinct tremor of the left hand.

"vH"--Frontal: Ability to concentrate was excellent. No pathological euphoria noted. (The persistent hope for victory undoubtedly did not originate in a frontal lobe lesion or other damage; it is believed either a conscious or unconscious stupefaction of judgement is responsible for this delusion). No disintegration of personality occurred up to Oct 44 (when "vH" was dismissed). However, Hitler's actions did become less intelligible after 20 Jul 44. It is assumed that a slight commotio cerebri occurred after the attack, but no signs--such as coma, vomiting or pulse disturbances--were evident. Hitler's state of excitement was more of a psychogenic nature.

--Motor Area: No disturbances noted.

--Premotor Area: No disturbances noted.

--Parietal: No disturbances noted.

--Occipital: No disturbances noted.

--Temporal: No disturbances noted.

--Corpus striatum: A definite tremor was present, but no muscle rigidity or masked facies.

/Source "B"

NEUROLOGICAL STUDY: CEREBRUM (contd)

"B" --Frontal: Concentration was excellent. No personality changes were observed. Incontinence and euphoria were absent. Hitler probably suffered a commotio cerebri on 20 Jul.

--Motor Area: No convulsions, paresis, paralysis or aphasia.

--Premotor Area: Forced grasping or clumsiness were not observed.

--Parietal: Sensation was intact. Patient could distinguish shape.

--Occipital: Visual hallucination absent.

--Temporal: Auditory or visual hallucinations, dream states, sensory aphasia absent.

--Corpus striatum: A slight tremor of the extremities was observed. This disappeared after 20 Jul, but re-appeared soon thereafter. It may have been due to Parkinson's disease, or may have been of psychogenic origin.

c. CEREBELLUM

"G" ... Hypotonicity, nystagmus, dysarthria, asynergy, ataxia or adiadosokinesis not present. Romberg sign was not indicative of pathology. Headaches were present, but apparently were caused by maxillary and ethmoidal sinusitis.

"vH" ... No symptoms of abnormality observed.

"B" ... Hypotonicity, nystagmus, dysarthria, asynergy or ataxia not present.

d. SPINAL CORD

"G" --Subjective: Hitler did not complain of bladder or rectum weakness.

--Objective: Motor-muscle strength not tested. Fibrillation not observed. Sensation tests were not made.

"vH" ... Other than the transient disturbance of the left leg mentioned above, no other pathology was present.

"B" ... No examination.

e. REFLEX CENTERS AND SPINAL ROOT FUNCTIONSRoot C-1

"G" ... No motor pathology of small neck muscles was present. Turning and extension of head were normal. Sensory disturbances or sensory pathology of meninges, neck and occiput were absent.

"vH" ... There was no evidence of pathology or functional disturbance referring to this spinal segment.

"B" ... No motor disturbance or motor pathology of small neck muscles. Turning and extension of head were normal. Sensory disturbance or sensory pathology of meninges, neck and occiput were absent.

/Roots C-2 and C-3

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REFLEX CENTERS AND SPINAL ROOT FUNCTIONS (contd)Roots C-2 and C-3

- "G" ... No evidence of motor disturbance or motor pathology of neck muscles trapezius was noted. Flexion of head and raising of shoulders were normal. No sensory disturbance or sensory pathology of occiput and lateral aspects of neck was present.
- "vH" ... No examination.
- "B" ... Motor functions of neck muscles trapezius were not observed. Flexion of head, raising of shoulders were normal. No sensory disturbance or sensory pathology of occiput or lateral aspect of neck was present.

Root C-4

- "G" ... No motor disturbance or motor pathology of scalenes, diaphragm, levator scapulae or rhomboids was present. Inspiration and rotation of upper arm were normal. Sensory disturbances or sensory pathology of neck, shoulders, chest to second rib and spine of scapula were absent.
- "vH" ... No examination.
- "B" ... Motor pathology of scalenes, diaphragm, levator scapulae, and of both rhomboids absent. Inspiration, external rotation of upper arm were normal. No sensory disturbance or sensory pathology of neck, shoulder, chest to second rib and spine of scapula were present.

Root C-5

- "G" ... No motor disturbance or motor pathology of deltoid, biceps, coraco-brachialis, brachialis, brachio-radialis, supinator, supra-, or infraspinatus was noted. Raising of upper arm and flexion and supination of forearm were normal. Sensory disturbances or pathology of dorsum of shoulder, arm or lateral aspect of upper arm absent. Biceps reflex not tested.
- "vH" ... No examination.
- "B" ... Motor disturbance or motor pathology of deltoid, biceps, brachialis, coraco-brachialis, brachio-radialis, supra-, or infraspinatus not present. Raising of upper arm and flexion and supination of forearm were normal. No sensory disturbance or sensory pathology of dorsum of shoulder, arm or lateral aspect of upper arm was present. Biceps reflex not tested.

Root C-6

- "G" ... Motor disturbance or motor pathology of pectorals, latissimus dorsi, teres major, subscapularis, serratus anterior, triceps or pronator of forearm was not present. Adduction and internal rotation of upper arm, extension and pronation of forearm were normal. Sensory disturbances or sensory pathology of lateral aspect of upper arm and radial side of forearm was absent. The triceps reflex was not tested.

/Source "vH"

Root C-6 (contd)

"VH" ... No examination.

"B" ... No motor disturbance or motor pathology of pectorals, latissimus dorsi, teres major, subscapularis, serratus anterior, triceps, pronator of forearm. Adduction and internal rotation of upper arm were normal. Extension and pronation of forearm were normal. Triceps reflex not tested.

Root C-7

"G" ... No motor disturbances or motor pathology of extensors of wrist, fingers or flexors of wrist were noted. Flexion and extension of wrist were normal. Sensory disturbance or sensory pathology of radial side of forearm and thumb was absent. Tendon reflexes of forearm and hand not tested.

"VH" ... No examination.

"B" ... No motor disturbances or motor pathology of extensors of wrist, fingers or flexors of wrist was noted. Flexion and extension of wrist were normal. Sensory disturbance or sensory pathology of radial side of forearm and thumb was absent. Tendon reflexes of forearm and hand not tested.

Root C-8

"G" ... Motor disturbance or motor pathology of long extensors and long flexors of fingers and thenar muscles not observed. Sensory disturbances or sensory pathology of flexor and extensor surfaces of middle of forearm and of hand were absent.

"VH" ... No examination.

"B" ... Motor disturbances or motor pathology of long extensors and long flexors of fingers and thenar muscles absent. Sensory disturbances or sensory pathology of flexor and extensor surfaces of middle of forearm and of hand absent.

Root T-1 (Thoracic segment I)

"G" ... There was no evidence of motor disturbance or motor pathology of small muscles of hand and fingers. Motions of thumb and fingers were normal (C-8 and T-1). No sensory disturbance or sensory pathology of ulnar side of whole arm and of small finger was present (T-1 and T-2).

"VH" ... No examination.

"B" ... Motor disturbance or motor pathology of small muscles of hand and fingers was absent. Movements of thumb and fingers were normal. Sensory disturbance or sensory pathology of ulnar side of whole arm and of small fingers was absent.

REFLEX CENTERS AND SPINAL ROOT FUNCTIONS (contd)Roots T-2 to T-12

- "G" ... Motor disturbance or motor pathology of muscles of back, intercostals, abdominal muscles was not present. Sensory disturbances or sensory pathology of the regions from second rib to inguinal ligament and of the skin from the seventh cervical vertebra to fifth lumbar vertebra were absent. Abdominal reflexes were not indicative of pathology.
- "vH" ... No examination.
- "B" ... No examination.

Root L-1 (Lumbar Spinal Segment I)

- "G" ... No evidence found of motor disturbance or motor pathology of lower abdominal muscles, quadratus lumborum, psoas or sartorius. Sensory disturbances or sensory pathology of the outside of the gluteal and inguinal regions were absent.
- "vH" ... No examination. However, Hitler gave no indication of pathology of that segment.
- "B" ... No examination.

Root L-2

- "G" ... Motor disturbance or motor pathology of ilio-psoas or cremaster not present. No sensory disturbances or sensory pathology of lateral aspect of testicles were present. The cremaster reflex was not indicative of pathology.
- "vH" ... No examination.
- "B" ... No examination.

Root L-3

- "G" ... No motor disturbance or motor pathology of ilio-psoas, adductors or quadriceps was noted. Flexion, internal rotation and adduction of thigh were normal (L-2 and L-3). No sensory pathology or sensory disturbances of anterior and inner aspect of thigh or knee were present. Patellar reflex was not indicative of pathology (L-2 to L-4).
- "vH" ... No examination. From observation it can be assumed that no pathology of that segment was present.
- "B" ... No examination.

/Root L-4

REFLEX CENTERS AND SPINAL ROOT FUNCTIONS (contd)Root L-4

"G" ... Motor disturbance or motor pathology of quadriceps was not present. Extension of leg was normal. No sensory disturbances or sensory pathology of anterior of thigh, inside of thigh, leg or foot were present. The gluteal reflex was not tested (L-4 and L-5).

"vH" ... No examination.

"B" ... No examination.

Root L-5

"G" ... No motor disturbance or motor pathology was present in gluteus medius and minimus, semimembraneus, semitendineus, biceps, tensor fascialata or tibialis anterior. The abduction of thigh and flexion of leg were normal. Evidence of sensory pathology of external aspect of thigh, external aspect of leg and foot was not found.

"vH" ... No examination.

"B" ... No examination.

Root S-1 (Sacral segment I)

"G" ... Motor disturbances or motor pathology of gluteus maximus (L-4 to S-2), obturator internus, piriformis, gemelli, and quadratus femoris, tibialis anterior, peronei, ext. digit. long. were not present. Extension, external rotation of thigh, dorsiflexion of foot and toes were normal. No sensory pathology was present in posterior aspect of thigh, posterior aspect of calf, sole of foot, outer foot border or toes. Plantar and Achilles reflexes were not indicative of pathology (L-5 to S-2).

"vH" ... No examination.

"B" ... No examination.

Root S-2

"G" ... No motor disturbances or motor pathology of gastrocnemius, soleus, external and flx. digit. comm. long., hallucis long., tibialis posterior or small foot muscles were present.

"vH" ... Motor and sensory functions appeared normal. Reflexes not tested.

"B" ... No examination.

/Roots S-3 to S-5

REFLEX CENTERS AND SPINAL ROOT FUNCTIONS (contd)Roots S-3 to S-5

"G", "vH", and "B" ... No examination. (Lumbar puncture or cerebral spinal fluid examination is not known to have been performed on Hitler).

(17) PSYCHIATRIC DATA

"G", "vH" and "B" agree that Hitler's orientation was excellent, his memory for events--both near and remote--good. His judgement was good, and, though he was somewhat restless, his attention (power of concentration) always met the needs of the moment. Reaction to environment was normal. Flow of words was coherent and speech relevant. No phobias or obsessions were noted by the three physicians. Patient was emotionally labile. "vH" observes that Hitler could hate deeply in some fields, while forgiving almost anything to those he loved. "G" notes that the subject believed he was chosen by fate to be the leader of the German people, and that he felt his ideas must be carried out--even if Germany and her people were destroyed in the process. "G" believes this may have indicated megalomania. "vH" attributes hysterical significance to Hitler's epigastric pains.

"vH" observes that Hitler's mental endurance was astonishing, and that he loved to be merry and gay. Patient generally appeared to be calm and deliberate--but on occasion he reacted with a vehement attack of anger, which subsided and disappeared quite rapidly. Hitler complained of bad sleep, but was not inclined to sleep long hours.

(18) UROLOGICAL DATA

None of the three sources knows of any indication of pathology in this field. "B" attributes pain in the abdomen to meteorism--possibly the result of large doses of strychnin and atropin. Kidneys, bladder, prostate, seminal vesicles, urethra, testicles, epididymes and perineum were not examined.

(19) SEX CHARACTERISTICS

"vH" observes that he is in possession of no information which would indicate venereal disease. He says Hitler's sex instincts were neither increased or depressed, and is certain that he was neither a pervert nor a homosexual. The total of Hitler's utterances regarding sex lead "vH" to the conclusion that his sex instincts were normal or only slightly repressed.

(20) X-RAYS

X-Rays of Hitler's sinuses were taken on September 1944 at the Reserve-Lazarett, RASTENBURG, and are now in the files of this unit. The X-Rays and other objective data will appear in a later report.

X-Rays of Hitler's teeth were taken by his dentist, Dr BLASCHKE (present address not known) during the spring of 1942 and again during the fall of 1944.

/4.

4. COMMENTS AND RECOMMENDATIONS

This report will be followed by several others which will contain additional material, both objective and subjective. At present Dr LOEHLEIN, who made detailed eye examinations of Hitler, is being interrogated at this Center. Steps have been undertaken by this unit to obtain X-rays, cardiograms and the results of laboratory tests.

The recipients of this report are requested to submit special briefs on any subject upon which these detainees should be interrogated and to indicate the desirable distribution of the resultant report.

WHG (Ed: WSM)

For the Commanding Officer:

Arthur D. McKibbin

ARTHUR D. MCKIBBIN,
1st Lt., Infantry,
Editing Section.

15 October 1945

DISTRIBUTION "D"

/ANNEX I

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ANNEX ICHRONOLOGICAL ACCOUNT OF THE CAREERS OF SOURCES1. GIESING, Dr ErwinChronological History

7 Dec 07: Born at OBERHAUSEN/Rhineland.

1928: Completed intermediate medical schooling at MARBURG.

1928-32: Studied and interned at DUESSELDORF, MUEHLHEIM, INNSBRUCK, DUISBURG-MEIDERICH and VIENNA.

1932: Received medical doctor's degree at COLOGNE.

1 Aug 32: Joined NSDAP and SA; became Sturmbannarzt and Sanitaetssturmbannfuehrer of Sturmbann DUISBURG-MEIDERICH. Claims his father was able to obtain employment as a result of his new affiliation.

Sep 33: Joined Sportaerztebund (Doctor's Athletic Association).

Oct 33-Mar 34: Assisted in the X-ray department of the Hygienische Untersuchungsstelle des Verbandes der Krankenkassen at BERLIN (Health Examination Office of the Association of Workmen's Sick Fund Groups). Became Sturmbannarzt of Standarte 7 in BERLIN.

Apr 34-Nov 34: Assisted in the internal section of the Health Examination Office.

Nov 34: Became athletic adviser of SA Brigade 27, BERLIN.

Oct 35-Aug 36: Became athletic adviser for SA Gruppe, BERLIN; held courses for Party and civilian doctors (Sportsaerztekurse).

Dec 35-Mar 36: Assisted (without pay) at the EENT Clinic of BERLIN University and worked under Prof von EICKEN.

1936-37: Promoted to SA Sanitaets-Obersturmbannfuehrer and to Assistentarzt der Reserve.

1936-Oct 38: Assistant, later chief physician in the EENT Clinic, Rudolf Virchow Hospital, BERLIN.

Oct 38: Opened his own office in BERLIN.

1 Feb 39: Married Dr med Kaethe DELBECK.

Sep 39-Aug 44: Chief of EENT Section of Reserve-Lazarett, LOETZEN (East Prussia). Called in to treat Hitler 22 Jul 44; treatment lasted about three months.

28 Oct 44: Placed in charge of EENT Section of Reserve-Lazarett, BADEN-BADEN; this hospital was shortly thereafter transferred to AMBERG/Bavaria, where Source was captured 23 Apr 45.

/2.

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2. Von HASSELBACH, Dr HanskarlChronological History

- 2 Dec 03: Born in BERLIN; father was officer, but later left the army.
- 1922-27: Studied medicine at BRESLAU, MUNICH, ROSTOCK and FREIBURG.
- 7 Jul 27: Took state medical examination at FREIBURG.
- 1 Oct 27
to
31 Sep 28: Interned: Five months internal medicine at DRESDEN under Prof ARNSPERGER;
three months gynecology;
four months surgery.
- 29 Oct 28: Received medical doctor's degree.
- 1928-29: Assistant at the Anatomical Institute, FREIBURG.
- 1929-30: Assisted at the Pathological Institute, FREIBURG.
- 1929-33: Assisted (without pay) for 30 months at the Surgical Clinic of the University of BONN under Prof REDWITZ.
- 1 May 33: Joined NSDAP and SA; was assistant to Dr MAGNUS at Bergmannsheil Hospital at BOCHUM.
- 1934: Ship's doctor on Central and South American runs.
- 1934: Joined SS in order to become Dr BRANDT's deputy.
- 1933-36: Was assistant at the Surgical Clinic of the University of BERLIN.
- Jun 36: Deputized for BRANDT for the first time and was promoted from SS-Rottenfuehrer to SS-Untersturmfuehrer.
- 1 Oct 36: Moved to MUNICH; has had no SS duty or connections with Party since this date; became assistant at the Surgical Clinic of the University of MUNICH and worked under Prof MAGNUS.
- 1936-39: Deputized for Dr BRANDT several times.
- 1 Mar 37: Promoted to Assistantarzt der Reserve.
- Sep-Oct 38: Accompanied Hq 7 Inf Div to Sudetenland.
- 5 Jul 39: Became member of the university faculty at MUNICH. Wrote a medical paper "Die Endangiitis Obliterans", published by THIEME at LEIPZIG. Held lectures at the clinic in MUNICH.
- 26 Sep 39
to
Sep 42: Surgeon with 1 Sanitaetskompanie 7 Inf Div; participated in Polish and Russian campaigns; was furloughed several times in order to help at the clinic in MUNICH.

/14 Mar 40

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Von HASSELBACH, Dr Hanskarl (contd)

14 Mar 40: Was given title of Lecturer for Surgery at MUNICH; promoted to Oberarzt der Reserve.

Oct 42-Oct 44: Transferred to Fuehrer's Headquarters to take over part of Dr BRANDT's duties there.

1 May 44 Promoted to Oberfeldarzt der Reserve.

20 Jul 44: Treated Hitler and others present at the assassination attempt.

9 Oct 44: Dismissed from his position at Hitler's Headquarters and transferred to the army.

22 Nov 44: Was placed in charge of Army Field Hospital 2/562.

13 Apr 45: Captured at ALBRECHTSHAUS/Harz.

3. BRANDT, Dr KarlChronological History

8 Jan 04: Born at MULHOUSE/Alsace.

1923: Completed intermediate schooling at DRESDEN.

1928: Completed medical studies, after attending the Universities of JENA, FREIBURG, MUNICH and BERLIN; later worked at Bergmannsheil Hospital, BOCHUM, (for mining accidents) under Dr MAGNUS.

1934: Prof MAGNUS became Chief of the Surgical Clinic, Ziegel Gasse, BERLIN, and took BRANDT with him.

1935: BRANDT became third assistant doctor at the above clinic.

1936-37: Prof MAGNUS went to MUNICH, and Dr ROSTOCK became chief of the BERLIN clinic.

1937: Detainee was advanced to his present position: first physician of the 'Ziegelgasse' Clinic.

1932: Met Hitler in ESSEN; joined NSDAP in March.

15 Aug 33: Treated Hitler's niece and BRUECKNER, Hitler's adjutant, who had been injured in an auto accident.

1934: BRUECKNER asked BRANDT to accompany Hitler to VENICE as personal doctor. He began to travel regularly with the Fuehrer; this took him away from practice too much, so he arranged to provide substitutes for Hitler: Prof HAASE of BERLIN and Prof HASSELBACH, from Prof MAGNUS' clinic in MUNICH.

1935 -36: Served in the army for short periods.

/1938

BRANDT, Dr Karl (contd)

1938: Deferred in case of war so that he could serve in the Reich Chancery and thus be near Hitler.

1942: Became General Commissioner for Health and Medical Service.

1944: Promoted to Reich Commissioner for Sanitation and Health.

Sep 44: Removed from his professional duties at the Chancery at the instigation of Dr MORELL.

20 Apr 45: The position he held as Reich Commissioner for Sanitation and Health was done away with.

23 May 45: Interned at FLENSBURG.

13133

(1943)

1. The first part of the report is devoted to a description of the work done during the year. It is divided into two main sections, the first of which deals with the work done in the laboratory and the second with the work done in the field.

2. The second part of the report is devoted to a description of the results of the work done during the year. It is divided into two main sections, the first of which deals with the results of the work done in the laboratory and the second with the results of the work done in the field.

3. The third part of the report is devoted to a description of the conclusions drawn from the work done during the year. It is divided into two main sections, the first of which deals with the conclusions drawn from the work done in the laboratory and the second with the conclusions drawn from the work done in the field.